U.S. Peterd and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Peperwork Reduction Act of 1995, no persons ere required to respond to a collection of information unless 8 displ

					Eflect	V RECOR	D # 8, 2004		100	7037	47	auper .
APPLICATION AS FILED - (Column 1)				RT (Column 2)		SMALL ENTITY			OR SI		ATHER THAN	
BASIC FEE		NUMBER F	LED	NUMBER EXTRA		PATE OT		ً النسب	۰۲		MLL E	אוווא
137 CFR 1.16(a), (b), or	(37 CFR 1.16(a), (b), or (c)) (VA			. N/A		RATE (1)				RATE	3)	FEI (I
SEARCH FEE (3) CFR 1 16(H), (1), or ((mt)	· N/A		NIA.					- 1	, N/A		300.00
EXAMINATION FEE (3) CFR 1.16(0), (p), or		, N/A		1 N/A		· NVA	\$26	0	L	N/A		\$500
TOTAL CLAIMS	···					N/A \$100		2	Γ	NIA		\$200
MOEPENDENT CLA	IMS :	minus 20 a		•		X\$ 25 ·	•		OR -	X\$50	-	
DI CER I TEIM			1043	4		X100		-1.	· -	X200	-	
APPLICATION SIZE	1 011000	o ui barn	I INA SARIKAII	awings exceed 10b kellon size fee due nitty) for each section thereof. See 137 CFR 1.16(s).			 	\dashv	-}-	~200	4	· '
(37 CFR 1.16(6))	Bodith	onal 50 s	heald or trackly				1.	1.	ŀ	•	- 1	
i de la companya del companya de la companya del companya de la co	-1,000.	3. C. 4118	/(1)(G) and 37				· :			.:		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II)						+180=	1	7	-	+360=	-	
If the difference in column 1 is less than zero, enter "o" in column 2.						TOTAL	 					
APPLICATION AS AMENDED - PART II						TOTAL			TOTAL		L	
		o r mici										
(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	O	R	OTHE	RTH	AN
< about	REMAINING AFTER	1	HIGHEST NUMBER PREVIOUS	SER PRESENT		RATE (1)	-IODA	7		SMALL		ill
Total	AMENDMENT	MENT PAIC		FOR			THONAL FEE (\$)	/`	1 6	RATE (\$)		ADDI: TONAL
Independent Or CFR LIGHT	19,		1_20		15	C\$ 25 .	-100/11/	-	Ye	60	 	EEU
III -	7	Minus. ***		=	1 ;	X100	/	OR		X\$50 X200		-
							/- -	OR	1	00	120	1000
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)						180=	/		13	60=		/
						OTAL	-/	OR	TOTA			
(Column 1) (Column 2) (Column 3)						DOLFEE		OR	ADD	L FEE	2)	37.00
	CLAIMS REMAINING		HIGHEST			<u> </u>		,		•	/-	0
: 1	AFTER MENDMENT		NUMBER PREVIOUSLY	PRESENT EXTRA	F	(A) STAS	ADD1-		RA	TE (\$)	V	1
Total programment independent at orn Lienn Application Size Fee	nericalien).	Minus.	PAID FOR	-	1		FEE (1)				TIO	NAL NAL
Independent of CFR LIGAR	-	Minus	***	-		\$ 25 .	•	OR	X\$5	0 .	100	-121-
Application Size Fee (37 CFR 1.16(s))				X	100 =		OR 1	X200				
FIRST PRESENTATION								, "				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.140)						180=		OR	+36	O=	. • •	
•					to	TAL.			TOTAL		******	~ `
I live entry in column	1 to less than	the entry	In column 2, with	a "O" in column 2	AUN	TL FEE		OR '	ADDIL	FEE -		

If the entry in column 1 is less than the entry in column 2, write "o' in column 3.

"If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain, a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including pathenting, preparing, and submitting the complete application form to the USPTO. Time will very depending upon the high/dual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Tradamark Office, U.S. Depentment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.